

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. 10812293 | FILING DATE 03-29-04 |
|---|----------|-----|------------------------|-----|------------------------|------------------------|-------------------------|
| | | | | | | CLAIMS | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
| | IND | DEP | IND | DEP | IND | DEP | |
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| TOTAL IND. | / | | | | | | TOTAL IND. |
| TOTAL DEP. | S | ← | ← | ← | ← | ← | TOTAL DEP. |
| TOTAL CLAIMS | 6 | | | | | | TOTAL CLAIMS |